

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567,851 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		2						53					
4		2						54					
5		2						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15		1						65					
16		1						66					
17		1						67					
18	1							68					
19		1						69					
20		2						70					
21		2						71					
22		2						72					
23		1						73					
24		1						74					
25		1						75					
26		1						76					
27		1						77					
28		1						78					
29		1						79					
30		1						80					
31		1						81					
32		1						82					
33		1						83					
34		1						84					
35	1							85					
36	1							86					
37		1						87					
38		1						88					
39		1						89					
40		1						90					
41		1						91					
42		1						92					
43		1						93					
44		1						94					
45		1						95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3	↓			↓			TOTAL IND.	↓		↓		↓
TOTAL DEP.	42	←		←		←		TOTAL DEP.	←		←		←
TOTAL CLASMS	45	████████		████████		████████		TOTAL CLASMS	████████		████████		████████

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